

FROSTBURG ETHICS COMMISSION

Frostburg Municipal Center
37 Broadway
PO Box 440
Frostburg, MD 21532
301-689-6000

DISCLOSURE STATEMENT FOR ELECTED OFFICIALS AND EMPLOYEES

PART 1. IDENTIFYING INFORMATION

Name: Bethany Fife

Position: Dir. of Community Development Reporting Year: January 1-December 30, 2024

Home Address: [REDACTED]

(address for employees not be disclosed under MPIA)

PART 2. SIGNATURE AND NOTARIZATION

This financial disclosure describes all interests and transactions and matters required to be disclosed by Title 4 of the Maryland Public Ethics Law, as modified by the Frostburg Ethics Commission pursuant to Section 2-103 (h) thereof, with respect to the period indicated and pertaining to the person filing the statement.

I hereby make oath or affirm that the contents of this financial disclosure statement are true and correct to the best of knowledge, information and belief.

Printed Name of Person Filing: Bethany Fife

Signature of Person Filing: Bethany Fife Date: March 19, 2025

Sworn before me this 19 day of March, 2025.

Printed Name of Notary Public: Mary E Gracie

Signature of Notary Public: Mary E Gracie

My Commission Expires July 29, 2028.

City of Frostburg Disclosure Statement



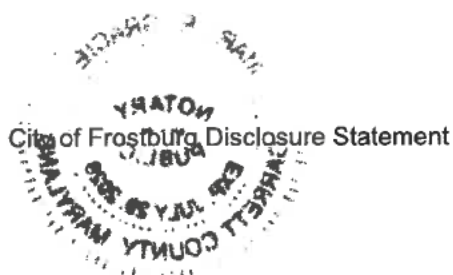
Please Note: Fill in all schedules. If "none" is applicable, please state.

PART 3. FILING SCHEDULES

SCHEDULE A. Real Property Interests

Report all interests in real property, wherever located (including leasehold interests), held at any time during the reporting period.

LOCATION	TYPE OF PROPERTY	NATURE	CO-OWNERS
Address or legal description. If property is primary personal residence, complete this column only	A. Improved/unimproved <i>and</i> B. Residential/Commercial	Direct/attributionable <i>and</i> EXTENT A. Fee simple, lease, etc. B. Solely or jointly (include % if joint)	List any other person having an interest in the property
<div></div> (primary personal residence)	Residential		N/A



SCHEDULE B. Gifts

Report all gifts over \$25.00 in value, or totaling more than \$100.00 in value from any one person, received by you during the reporting period, from a person doing business with or regulated by the City of Frostburg. Exclude gifts from immediate family members, other children and parents, and also regulated campaign contributions.

NATURE OF GIFT Indicate if cash; otherwise describe nature of gift.	VALUE Indicate dollar amount; otherwise retail value as receipt.	IDENTIFICATION OF PERSON FROM WHOM RECEIVED	IF GIVEN TO ANOTHER PERSON AT YOUR DIRECTION, IDENTIFY THAT PERSON
N/A			

SCHEDULE C. Offices, Directorships, and Salaried Employment

Report all offices, directorships, and salaried employment of yourself, your spouse, or dependent children during the reporting period with any business entity doing business with the City of Frostburg. *Do not complete the last column for spouses and children.*

NAME & ADDRESS List name and full address of entity.	NATURE List title and nature of office or employment held.	IDENTITY OF PERSON HOLDING POSITION Yourself, spouse, or dependent child.	DATE OFFICE OF EMPLOYMENT BEGAN
• Frostburg First 41 E. Main St., FBG	Secretary, Board of Directors (appointed by m&c&c)	Self	August 2023
• Allco Solid Waste mgmt. Board 701 Kelly Rd., Cumberland	Vice Chair, Board of Directors (appointed/ volunteer)	Self	November 2023